PART B - FEE(S) TRANSMITTAL

APR 1 2 2007

omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: 1135 form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate and propriate and prop

FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

7590

01/09/2007

GRAYBEAL JACKSON HALEY LLP

Suite 350

APPLICATION NO.

155-108th Avenue N.E.

Bellevue, WA 98004-5973

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cindy Hawk	(Depositor's name)		
Cind Hawk	(Signature)		
April 9 2007	(Date)		
#\ J\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

ATTORNEY DOCKET NO.

CONFIRMATION NO.

LLP

10/735,250 12/12/2003 TITLE OF INVENTION: MEMORY SYSTEM COMPRISING A SEMICON		Rino Micheloni	9815 94/13/2007 WASFAW2 00000050 10735250			
TITLE OF INVENTION	. MEMORT STSTEM C	OWIFRISHING A SEMILE	ONDOCTOR MEMORY	01 FC:1501 02 FC:1504		1400.00 OF 300.00 OP
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/09/2007
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS]		
LAM, I	DAVID	2827	365-194000	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Lisa K. Jorgenson 2J. Mark Han 3Graybeal Jackson Hale				
(A) NAME OF ASSI			data will appear on the p or a substitute for filing an (B) RESIDENCE: (CITY Italy	assignment. / and STATE OR COUNT	rry)	unicir has been med to
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🙀 Corporat	ion or other private group	p entity Government
22.	are submitted: No small entity discount p	permitted)	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit can The Director is hereby overpayment, to Depo		ached.	
5. Change in Entity Sta a. Applicant claim NOTE: The Issue Fee ar interest as shown by the	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no loned from anyone other than a k Office.	ger claiming SMALL EN		
	J. Mark Han				9, 2007	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Rino Micheloni and Roberto Ravasio

APR 1 2 2007 Title:

A MEMORY SYSTEM COMPRISING A SEMICONDUCTOR

MEMORY

Serial Number:

10/735,250

Filing Date:

December 12, 2003

Examiner/Unit:

David Lam / 2187

Attorney Docket No.:

2110-092-03

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9th day of April 2007.

Signature

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

April 9, 2007

COMMISSIONER FOR PATENTS:

In response to the Notice of Allowability in this case mailed January 9, 2007, the Applicants, acting through their attorney, comment as follows. The Applicants thank the Examiner for allowing the claims. But the Applicants do not necessarily agree with the Examiner's Statement of Reasons for Allowance, and respectfully submit that the claims may be allowable for other reasons.

In the event additional fees are due as a result of this document, payment for those fees has been enclosed in the form of a check. Should further payment be required to cover such fees you are hereby authorized to charge such payment to Deposit Account No. 07-1897.

If the Examiner believes that a phone interview would be helpful, he is respectfully requested to contact the Applicant's attorney, J. Mark Han, at (425) 455-5575.

DATED this 9th day of April 2007.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

J. Mark Han

Attorney for Applicant Registration No. 57,898 155-108th Avenue N.E., Ste. 350 Bellevue, WA 98004-5973

(425) 455-5575